

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DIVISION OF MEDICAL QUALITY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation)
Against:)
)
)
SUZANNE KIRKWOOD KING, M.D.)
Certificate No. A-48844)
)
 Respondent.)
)

)

No. 16-94-43281

DECISION

The attached Proposed Decision No. 16-94-43281 has been adopted by the Division of Medical Quality, Medical Board California as its Decision in the above-entitled matter.

This agreement shall become effective on MAY 13, 1996

It is so Ordered APRIL 11, 1996

DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA

By



IRA LUBELL, M.D.
Chairperson

**BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation)	
Against:)	No. 16-94-43281
)	
SUZANNE KIRKWOOD KING, M.D.)	OAH No. N-9508139
3006 Falcon Street)	
San Diego, CA 92103)	
)	
Physician's and Surgeon's)	
License No. A48844)	
)	
Respondent.)	
)	
)	

PROPOSED DECISION

On February 29 and March 1, 1996, in San Diego, California, Alan S. Meth, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter.

Jana L. Tuton, Supervising Deputy Attorney General, represented complainant.

Mark A. Levin, Attorney At Law, represented respondent.

Evidence was received, the record was closed and the matter was submitted.

FINDINGS OF FACT

I

Dixon Arnett, Executive Director of the Medical Board of California (Board), filed Accusation No. 16-94-43281 on July 20, 1995, in his official capacity. Respondent filed a timely Notice of Defense dated September 1, 1995. On February 23, 1996, Ronald Joseph, Executive Director of the Board, filed a First Amended Accusation.

I

Respondent was issued physician and surgeon certificate number A48844 by the Board on October 29, 1990.

II

On August 10, 1994, the Chairman of the Board of Registration in Medicine for the Commonwealth of Massachusetts (hereafter, "the Massachusetts Board") filed a Statement of Allegations against respondent alleging he had reason to believe she had engaged in sexual relations with a former psychiatric patient of hers and had been required to leave a fellowship program for erratic and inappropriate behavior. On the same day, the Massachusetts Board issued an Order of Suspension suspending respondent's certificate of registration to practice medicine in Massachusetts and prohibiting her from engaging in counselling, therapy or treatment of patients during the period of suspension. The Statement of Allegations was amended on October 6, 1994.

On February 21, 1996, the Massachusetts Board issued a Final Decision and Order revoking her license to practice medicine in Massachusetts retroactive to August 10, 1994. Prior to issuance of the order, the parties had entered into a Stipulation of Facts, which in summary provided as follows:

1. Respondent is a psychiatrist who was training as a fellow at Massachusetts General Hospital (hereafter, "MGH") beginning July 1, 1993. She had received her M.D. degree from the Medical College of Pennsylvania in 1988, completed an internship at the University of Pennsylvania Hospital, and completed three years of residency training at the University of California at San Diego. She became licensed in Massachusetts on June 23, 1993, receiving number 78038, and was also licensed in California.

2. Respondent developed problems with punctuality, personal hygiene and absences during the fellowship period. She became depressed which contributed to these problems and interfered with her ability to care for patients properly. She was placed on a medical leave of absence from the fellowship on or about January 4, 1994 and did not return to it.

3. Respondent treated Patient A at MGH from about July, 1993, until she was placed on leave, and after she left MGH, she and Patient A remained in contact. They took two local overnight trips together. Starting in about March, 1994, and continuing to about June, 1994, respondent and Patient A engaged in sexual relations at various times. On or about June 3, 1994, respondent telephoned Patient A and told him she was pregnant with his child, and at various other times in 1994, telephoned him and left messages on his telephone answering machine.

4. Respondent began treating Patient B about July, 1993 at the West End Group Practice at MGH. He told her about the bad living conditions in the apartment where he was living. During a therapy session, she invited Patient B to move into her

apartment on a temporary basis. She told him she could no longer be his psychiatrist after he moved into the apartment. At respondent's request, Patient B contributed a certain sum of money per month in rent. Respondent knew his total income at the time was \$569 per month from SSDI. Patient B moved into respondent's apartment on or about November 1, 1993 and moved out on or about January 1, 1994.

5. Respondent began treating Patient C about August, 1993 at the West End Group Practice at MGH. He told her he was living at a half-way house and she discussed with him the possibility of him moving into her apartment after he left the half-way house. Patient C expressed a desire to accept the accommodations. This occurred while Patient B was living in respondent's apartment. Patient C moved into her apartment in late November, 1993. Respondent told him she could not be his psychiatrist if he moved into the apartment. They had a brief sexual relationship. On or about December 28, 1993, after Patient C hit her, respondent called the Brookline Police. She obtained a restraining order preventing Patient C from returning to the apartment. The same day, Patient C was transported to the hospital by the police and the next day, he was transferred to another hospital where he remained until January 14, 1994.

6. Mr. D moved to Brookline with respondent when she began her fellowship at MGH. He was never a patient of respondent's. In about August, 1993, respondent wrote a prescription for Mr. D. for 100 Paxil, an antidepressant. In or about October, 1993, respondent obtained a restraining order against Mr. D.

7. Respondent became Patient E's treating psychiatrist in late September or early October, 1993, after she was discharged from Human Resources Institute (HRI). She saw her once at MGH, at HRI, and at her home office. She recommended she increase her psychotherapy sessions for a period of time. On two occasions, respondent used Patient E's car and one time, she drove respondent to a bank and a supermarket. In about May, 1994, respondent used her car to take a trip to Cape Cod.

8. In about December, 1988, and December, 1989, respondent took the FLEX medical licensing exam and failed it. She passed it on her third attempt in June, 1990. The application for medical licensure in Massachusetts asks if the applicant has ever failed any of several exams, including the FLEX exam. On her application dated May 11, 1993, respondent answered she had not failed the FLEX exam.

Based upon these facts, the Massachusetts Board concluded respondent was guilty of conduct which placed into question her competence to practice medicine safely; she was guilty of practicing medicine while her ability to practice was

impaired by mental instability; she was guilty of practicing medicine deceitfully or engaging in conduct which had the capacity to deceive or defraud; she was guilty of misconduct in the practice of medicine; she was guilty of prescribing controlled substances outside her regular medical practice; and she exploited the physician-patient relationship and engaged in conduct which undermines public confidence in the integrity of the medical profession and which demonstrates a lack of good moral character.

The Massachusetts Board found respondent's conduct in living with Patients B and C, and engaging in sexual activity with Patients A and C, was completely devoid of ethical standards. It also concluded her overall behavior with Patients A, B, C, and E demonstrated she clearly crossed the boundary which separates reasonable and appropriate conduct from unacceptable personal relations. Lastly, it concluded she engaged in licensure fraud and improper prescribing.

III

In this proceeding, respondent does not contest the truth of the stipulated facts or the conclusions reached by the Massachusetts Board. She voluntarily agreed not to practice medicine in California pending a determination of this matter. In her testimony, she candidly admitted her conduct in Massachusetts was wrong and she was sorry for what she had done. Her defense is that her conduct was the product of a mental illness which she is presently addressing, and because she is in therapy now, and the illness is under control, she should be permitted to continue to practice medicine in California, although under probation.

IV

Respondent is 43 years old. She was born in Salinas, California, and grew up in the Salinas-Monterrey area. She comes from a dysfunctional and strained family, where she was physically, mentally, and sexually abused as a child. She began college at U.C. Davis, but transferred to Stanford and graduated in 1973 with a B.A. in psychology. She was Phi Beta Kappa. She attended the Stanford Graduate School of Business and received an M.B.A in 1976. From 1976 to 1982, respondent worked in advertising, slowly climbing the corporate ladder. She worked for about one year for Mobil Oil in human resource planning and forecasting. She also did hospice and hospital volunteer work, and found she liked the medical field.

In 1983, respondent applied to and was accepted in a joint program between Bryn Mawr College and the Medical College of Pennsylvania in the hope of becoming a doctor. She fulfilled her basic science requirements at Bryn Mawr and from 1984 through

1988, attended medical school at the Medical College of Pennsylvania. She received her M.D. degree in June, 1988, and after taking a year off to focus on resolving personal issues, did her internship at the University of Pennsylvania Hospital from July, 1989, through June, 1990. Respondent did a three year residency at U.C.S.D. in psychiatry, and in July, 1993, was accepted into the Addictions Psychiatry Fellowship at MGH. She performed well at medical school and during her residency.

While she was in medical school, respondent began seeing Dr. Linden, a psychologist, to address symptoms of mild depression and anxiety. She stayed in therapy with Dr. Linden for five years, and over time, they began addressing issues related to her abuse as a child. During this time, respondent took Prozac, Inderal, and Klonopin. After she left Philadelphia and came to San Diego, respondent was unable to find a therapist she could trust as much as she trusted Dr. Linden. Her emotional state was fine when she started at U.C.S.D., but over time, her mental status and stability eroded. In early 1993, she was arrested for shoplifting and convicted, which respondent now views as a cry for help.

In July, 1993, respondent moved to Boston to begin her fellowship program. She was accompanied by Mike G., and they lived together. Their relationship was a stressful one, in that respondent worked all the time while Mike G. did not work at all. He had no other friends in the Boston area, and they had little money. To help their financial situation, respondent did some moonlighting.

Respondent tried to but was unable to find a therapist in Boston, but at first, continued to take her medications. Over the next several months, respondent's mental state eroded further, fueled by the financial stress and strain on her relationship with Mike G., her constant working, and her inability to find a therapist. According to respondent, she became mildly depressed and then severely depressed. She found it harder to get up, eat regularly, attend to personal hygiene, concentrate, meet her deadlines, and so forth. At the same time, she decided to stop taking her medications. Her personal problems worsened and began to affect her ability to perform the duties of her fellowship. She eventually performed the acts for which the Massachusetts Board revoked her license, and her fellowship ended when she was placed on indefinite medical leave.

V

Respondent described her relationship with Patients A, B, C and E, and Mr. D in the following terms:

1. She treated Patient B for alcohol dependence and mild depression, and later learned he abused narcotics and was a

borderline personality. Respondent did not recognize these other problems. He was living in an apartment which he found to be uninhabitable, and talked constantly of moving. He was virtually homeless, and according to respondent, she identified too closely with his situation. She now believes there was an issue of counter-transference because she felt emotionally homeless. She felt she could help him more by resigning as his therapist and giving him a clean and sober living relationship. In October or November, 1993, she offered to let him live with her in her apartment, and stopped treating him. He agreed and moved into her apartment in November. Patient B was receiving SSDI and paid respondent \$200.00 a month in rent. Respondent now recognizes her conduct was unacceptable and inappropriate.

2. She treated Patient C from August to early November for alcohol dependence coupled with a series of major personal disasters. She dealt with practical issues of trying to keep him sober while addressing issues of grief and loss. She now believes she experienced counter-transference because he needed a structured living arrangement. He was living in a half-way house and was about to be removed from it. He said he would kill himself by drinking. Respondent identified with his feeling of homelessness. She offered him her home and a clean and sober relationship, and offered to resign as his therapist. He agreed and moved into respondent's home around Thanksgiving. They then began a short sexual relationship but respondent soon realized it was wrong and terminated it. He later tried to rape respondent. She called the police who arrested him, and she obtained a restraining order against him.

3. Respondent treated Patient A from July until December, 1993 for alcohol and drug dependence and mild depression. His substance abuse was related to his having sexually abused his brother and sister. After respondent was placed on medical leave in January, 1994, he called her and said he desperately needed her and wanted to have her reinstated. He called several more times and sent her one or two cards. They met twice. Respondent saw him as bright and sensitive but whose life had been maimed by abuse, so she identified with him. Respondent felt he loved her and they started a romantic relationship. They planned to have a child and to live together. In April, respondent became pregnant. She then learned he had had a homosexual relationship, and asked him to be tested for AIDS. A week later, he terminated the relationship. Her daughter was born on January 10, 1995.

At the time respondent was engaged in the conduct with Patients A, B, and C, she did not know what she was doing was wrong. She now believes she was suffering from depression to such an extent that she exercised either bad judgment or no judgment at all. She now recognizes her conduct was wrong.

4. Mr. D (Mike G.) and respondent lived together in Boston. Their relationship was strained but respondent was hopeful it would improve. He became depressed and although he was not a patient, respondent wrote him a prescription for Paxil, an anti-depressant non-scheduled medication. He refused to go to a psychiatrist, and respondent now feels she should have insisted he go rather than giving him the prescription.

5. Respondent treated Patient E while she was moonlighting, at first for medications only and then for therapy. At some point, she said she had no more money for therapy and was going to terminate therapy. Respondent felt this was at a pivotal point in therapy and was concerned about termination. They discussed alternative methods of payment, and they agreed on having Patient E take respondent on some errands (respondent did not have a car) and allowing respondent to use her car. In May, 1994, respondent used the car to take a trip to Cape Cod with Patient A.

6. In connection with her false answer on the Massachusetts medical application, respondent explained she answered "No" because there was no penalty attached to failing it the first three times. She felt that as long as she passed it within the three-time deadline, that was not a failure.

VI

Respondent began treatment with Dr. Stephen Marmer, a psychiatrist, on November 30, 1995. They have had 32 hours of therapy. At first, respondent was very anxious, depressed, suspicious, despairing, and confused. Over time, her anxiety has come down substantially, her depression has come down some, she is still somewhat suspicious, and she can think and conceptualize more clearly. She understands now with greater clarity the misjudgments she made and how harmful the events were. Dr. Marmer believes respondent experienced a slow, and then rapid deterioration of her mental state, and it began when she attempted to steal a blouse. This led to her shoplifting conviction.

His diagnosis is some dissociative disorder based on previous treatment, but he has not seen any signs to corroborate it. He believes she has a major mood disorder. In the past, she was diagnosed with recurrent depression, but he recently concluded it is a bipolar disorder, and began treating it with depakote in addition to the prozac, paxil, inderal, and klonopin. He believes these medications have stabilized her mood disorder. He plans to refine the medical treatment and monitor blood levels to see if the depakote is successful, and will continue with the other unconventional combination of medications. He hopes to see improvement in respondent's insight into how the events in Boston unfolded and to improve her judgment. Long-term, he hopes to address the dissociative component of her illness. He expects

respondent to improve. In his view, respondent was suffering a nervous breakdown during her fellowship, with the major depression a big component, but her underlying condition was bipolar illness. In a manic state, a person becomes biologically driven and does not take into account long range consequences. A person's thinking becomes "topsy turvy" and it is all due to brain chemistry. Respondent experienced all this, and Dr. Marmer believes her judgment was affected by the mood disorder.

Dr. Marmer believes the condition is treatable. He does not feel respondent is a predator or evil. She has had a good track record in the past but has made some terrible miscalculations. He feels she can resume the practice of medicine if she is restricted in the type of work she can do if she receives close supervision.

DETERMINATION OF ISSUES

I

Cause for discipline of respondent's license was established for violation of Business and Professions Code sections 2234 and 2305, unprofessional conduct, by reason of Findings III and VI.

II

Respondent has attempted to place the full responsibility for her misconduct on her mental illness, limit its scope to the short period of time she was participating in the fellowship, and show it is now under control. As a result, she believes she can resume her practice of medicine, although she recognizes a period of probation with restrictions on her license would be appropriate.

The primary responsibility in this proceeding is protection of the public, and from that point of view, the major consideration is respondent's misconduct and the harm that misconduct caused to several vulnerable people. Although respondent and Dr. Marmer are confident all of respondent's acts were the products of faulty judgment caused by her mental illness, an objective assessment does not reach the same level of confidence.

Respondent's false answer on the Massachusetts medical licensure application occurred in May, 1993, well before she moved to Boston and well before her illness became severe. She still does not seem to understand her answer was false. Her explanation, that she did not fail because she suffered no adverse penalty (except of course having to take the exam two more times), makes no sense. Her decision to have Patient B move in with her can be seen as a rational one designed to help

alleviate one of her more pressing problems, lack of money. Respondent learned from experience with Patient C that having a sexual relationship with a patient was wrong, yet within months she started another one with Patient A. And her explanation that she identified with all of these men and their diverse problems is rather farfetched. Her conduct was so far removed from the ethical standards expected of a psychiatrist that it cannot be explained as simply a lack of judgment resulting from a mental illness. Her claim she was unable to see her conduct with Patients A, B, and C in terms of counter-transference is belied by an observation made by one of her supervisors at U.C.S.D., Dr. Burris, on March 15, 1993 (Exhibit B), that respondent "works well with transference and counter-transference."

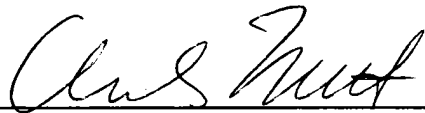
Even if that is the most plausible explanation, given the extreme nature of the misconduct and the harm caused, respondent's evidence of her current treatment and condition is not sufficient to justify allowing her to practice at this time. The diagnosis of bipolar illness was made within the last month. No previous therapist had apparently seen it. If it is accurate, it needs to meet the test of time. Nor has the treatment withstood that test. Dr. Marmer is still in the process of fine tuning the dosage of depakote, and he is not yet sure that is the right medication. Respondent still suffers some of the symptoms of her illness, and she is receiving disability payments.

As Dr. Marmer correctly noted, a track record is important. With the stakes as high as they are when it comes to the licensure of a physician, particularly a psychiatrist in this kind of case, they are crucial. Respondent has no track record as a physician. Her first position following her residency ended in catastrophe. She was in a structured program, presumably had supervision and access to help from other physicians, and yet failed to meet the most minimal standards of ethical behavior. It clearly would not be in the public interest to allow respondent to practice medicine in this state at this time.

ORDER

Physician's and Surgeon's license number A48844 issued to respondent Suzanne Kirkwood King is hereby revoked.

Dated: March 8, 1996



ALAN S. METH
Administrative Law Judge
Office of Administrative Hearings

1 DANIEL E. LUNGREN, Attorney General
of the State of California
2 JANA L. TUTON
Supervising Deputy Attorney General
3 1300 I Street, Suite 125
P.O. Box 944255
4 Sacramento, California 94244-2550
Telephone: (916) 324-5342
5
6 Attorneys for Complainant

7
8 BEFORE THE DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
9 DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

10 In the Matter of the)	No. 16-94-43281
11 Accusation Against:)	OAH No. N9508139
12 SUZANNE KIRKWOOD KING, M.D.)	FIRST AMENDED
3006 Falcon Street)	<u>ACCUSATION</u>
13 San Diego, CA 92103)	
14 Physician's & Surgeon's)	
Certificate No. A48844)	
15 Respondent.)	
16)	

17 Ronald Joseph, for causes for discipline, alleges:

18 1. Complainant Ronald Joseph makes and files this
19 first amended accusation solely in his official capacity as
20 Executive Director of the Medical Board of California
21 (hereinafter referred to as the "Board") and not otherwise. This
22 first amended accusation replaces the accusation heretofore
23 filed.

24 2. On or about October 29, 1990, the Medical Board of
25 California issued Physician's and Surgeon's Certificate Number
26 A48844 to Suzanne Kirkwood King, M.D. The certificate will
27 expire August 31, 1996.

28 //

1 3. Under Business and Professions Code section 2234,
2 the Division of Medical Quality shall take action against any
3 licensee who is charged with unprofessional conduct.

4 4. Under Business and Professions Code section 125.3,
5 the Division may request the administrative law judge to direct
6 any licentiate found to have committed a violation or violations
7 of the licensing act, to pay the Division a sum not to exceed the
8 reasonable costs of the investigation and enforcement of the
9 case.

10 5. Under Business and Professions Code section 2305,
11 the revocation, suspension, or other discipline by another state
12 of a license or certificate to practice medicine issued by the
13 state shall constitute unprofessional conduct against such
14 licensee in this state.

15 6. Respondent has subjected her physician's and
16 surgeon's certificate to discipline under Business and
17 Professions Code sections 2234 and 2305 in that on or about
18 October 10, 1994, the Commonwealth of Massachusetts, Board of
19 Registration in Medicine issued an Order of Suspension which
20 ordered respondent to surrender her wallet and wall certificates
21 for engaging in sexual relations with one of her former
22 psychiatric patient.

23 On February 21, 1996, the Commonwealth of
24 Massachusetts, Board of Registration in Medicine revoked
25 respondent's license to practice medicine retroactive to August
26 10, 1994. (See attached Exhibit "A.")

27 WHEREFORE, complainant prays that a hearing be held and
28 that the Medical Board of California make its order:


1 1. Revoking or suspending Physician's and Surgeon's
2 Certificate Number A48844, issued to Suzanne Kirkwood King, M.D.;

3 2. Prohibiting Suzanne Kirkwood King, M.D. from
4 supervising physician assistants;

5 3. Awarding the Board the reasonable costs of the
6 investigation and prosecution of this proceeding pursuant to
7 Business and Professions Code section 125.3; and

8 4. Taking such other and further action as may be
9 deemed proper and appropriate.

10 DATED: February 23, 1996

11
12 
13 RONALD JOSEPH, Executive Director
14 Medical Board of California
Department of Consumer Affairs
State of California

15 03573-160-SA95AD0973
16 (SM 2/23/96)
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24 **FILED**
25 **STATE OF CALIFORNIA**
26 **MEDICAL BOARD OF CALIFORNIA**
27 **RECEIVED**
28

EXHIBIT A

**COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MEDICINE**

Suffolk, ss.

Adjudicatory Case
No. 95-3-DALA
(RM-94-877)

In the Matter of

Suzanne K. King, M.D.

Final Decision & Order

This matter came before the Board for final disposition on the basis of the Administrative Magistrate's Recommended Decision dated November 3, 1995. After full consideration of that Recommended Decision, which is attached hereto and incorporated by reference, the Board adopts the Recommended Decision, amending it by adding the following:

Conclusions of Law

- A. The Respondent is guilty of conduct which places into question her competence to practice medicine, in violation of G.L. c. 112, § 5(c) and 243 CMR 1.03(5)(a)(3).
- B. The Respondent is guilty of practicing medicine while her ability to practice was impaired by mental instability, in violation of G.L. c. 112, § 5(d) and 243 CMR 1.03(5)(a)(4).
- C. The Respondent is guilty of practicing medicine deceitfully, or engaging in conduct which has the capacity to deceive or defraud, in violation of 243 CMR 1.03(5)(a)(10).
- D. The Respondent is guilty of misconduct in the practice of medicine, in violation of 243 CMR 1.03(5)(a)(18).

E. The Respondent is guilty of violating G.L. c. 94C, § 19(a), in violation of 243 CMR 1.03(5)(a)(11).

F. By her exploitation of the physician-patient relationship, the Respondent has engaged in conduct that undermines public confidence in the integrity of the medical profession and which demonstrates a lack of good moral character. See Raymond v. Board of Registration in Medicine, 387 Mass. 708 (1982); Levy v. Board of Registration in Medicine, 378 Mass. 519 (1979).

Sanction and Order

In the past, the Board has dealt strictly with cases of sexual misconduct and exploitation which involve a serious departure from good and accepted medical practice and a complete abuse of patient trust. In the Matter of Gilles M.K. Desmarais, M.D., Adjudicatory Case No. 94-4-DALA (Final Decision and Order, December 28, 1994); In the Matter of Taylor Robinson, M.D., Adjudicatory Case No. 94-17-DALA (Final Decision and Order, May 11, 1994); In the Matter of John W. Matthews, M.D., Adjudicatory Case No. 90-19-DALA (Final Decision and Order, September 23, 1992); In the Matter of Robert W. Ferrell, M.D., Adjudicatory Case No. 89-23-TR (Final Decision and Order, July 19, 1990); In the Matter of Harold L. Goldberg, M.D., Adjudicatory Case No. 89-14-ST (Final Decision and Order, November 1, 1989); In the Matter of Leonard R. Friedman, M.D., Adjudicatory Case No. 86-1-BO (Final Decision and Order, June 24, 1987).

The physician-patient relationship requires sound professional judgment, an acute sensitivity to the trust placed in the physician, and a high degree of integrity. The practice of psychiatry, in particular, requires heightened awareness of the unique confidence placed in the physician by the patient. In the Matter of Donald M. Allen, M.D., Adjudicatory Case No. 407 (Final Decision and Order, December 19, 1980). In this case, by living with Patients B and C, and engaging in sexual

activity with Patients A and C, the Respondent exhibited conduct which is completely devoid of ethical standards. Indeed, her overall behavior regarding Patients A, B, C and E demonstrates that she clearly crossed the boundary which separates reasonable and appropriate professional conduct from unacceptable personal relations.

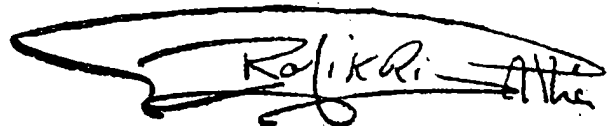
In addition, the Board observes that the Respondent lied on her initial Massachusetts license application, and improperly prescribed to Mr. D. In the past, the Board has sanctioned licensees for engaging in licensure fraud and improper prescribing.

As a function of its obligations to protect the public health, welfare and safety, it is proper for the Board to exercise its authority to discipline the Respondent. See Levy v. Board of Registration in Medicine, 378 Mass. 519 (1979). Therefore, in light of the foregoing, the Respondent's license to practice medicine in the Commonwealth is hereby revoked, retroactive to August 10, 1994.

The Respondent is hereby ordered to provide any employer or health care facility with which she has any appointment, privileges or other association, with a copy of this Final Decision and Order, by certified mail, return receipt requested, and the Respondent is further directed to certify to the Board, within ten (10) days, that she has complied with this directive.

This sanction is imposed for Conclusions of Law "A" through "F," and not a combination of any or all of them. The Respondent has the right to appeal this Final Decision and Order within 30 days, pursuant to G.L. c. 30A, §§ 14 and 15, and G.L. c. 112, § 64.

DATE: February 21, 1996

A handwritten signature in black ink, appearing to read "Rafik Attia", with a large, sweeping horizontal stroke underneath it.

Rafik Attia, M.D.
Chairman

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, ss.

BOARD OF REGISTRATION
IN MEDICINEADJUDICATORY CASE
NO. RM-94-877

In the Matter of
Suzanne K. King, M.D.

STIPULATION OF FACTS

Complaint counsel and the respondent, Suzanne K. King, M.D., hereby stipulate as follows:

1. The respondent is a psychiatrist who was a training fellow at the Massachusetts General Hospital (MGH) beginning July 1, 1993. She received her M.D. from Medical College of Pennsylvania in 1988. She completed an internship at the University of Pennsylvania Hospital and three years of residency training in psychiatry at the University of California at San Diego. She was licensed to practice medicine in Massachusetts on June 23, 1993 and was issued certificate number 78038. She is also licensed to practice in California. Her date of birth is August 5, 1952.

COUNT I

2. The respondent began a one year fellowship in addictions psychiatry at MGH on or about July 1, 1993.

3. The respondent acknowledges that she developed problems with punctuality, personal hygiene and absences during

Suzanne King
10/5/95

the fellowship. The respondent further acknowledges that her depression contributed to these problems and further that her depression did interfere with her ability to care for patients properly while she was in the fellowship.

4. The MGH placed the respondent on a medical leave of absence from the fellowship on or about January 4, 1994.

5. The respondent did not return to her fellowship, which expired on June 30, 1994.

COUNT II

6. The respondent began treating Patient A at MGH in or about July of 1993 and continued to treat Patient A until she was placed on leave by MGH.

7. After the respondent left MGH, she and Patient A remained in contact with each other. They took two local overnight trips together.

8. Starting on or about March 1994 and continuing to on or about June 1994, the respondent and Patient A engaged in sexual relations at various times.

9. The Principles of Medical Ethics with Annotations especially Applicable to Psychiatry specifically prohibit psychiatrists from having sexual relations with present or former patients.

10. On or about June 3, 1994, the respondent telephoned Patient A and told him that she was pregnant with his child.

Surgeon King no
10/5/95

11. At various times in 1994, the respondent called Patient A and left messages on his telephone answering machine.

COUNT III

12. The respondent became the treating psychiatrist of Patient B on or about July of 1993 at the West End Group Practice at MGH.

13. Patient B told the respondent about the bad conditions in the apartment where he was then living.

14. During a therapy session, the respondent invited Patient B to move into her apartment on a temporary basis. She advised him that she could no longer be his psychiatrist after he moved into the apartment.

15. At the respondent's request, Patient B contributed a certain sum of money per month in rent. The respondent was aware that his total income at the time was \$569 per month from SSDI.

16. Patient B moved into respondent's apartment on or about November 1, 1993. He moved out on or about January 1, 1994.

17. The respondent's permitting Patient B to move in with her was a violation of the therapeutic boundaries a psychiatrist is expected to maintain with a patient.

COUNT IV

18. The respondent became the treating psychiatrist of Patient C in or about August 1993 at the West End Group Practice at MGH.

*Supreme Key MD
10/5/95*

19. Patient C told the respondent during therapy that he was living at a half-way house.

20. The respondent spoke with Patient C about the possibility of him moving into her apartment after he left his half-way house and that Patient C expressed a desire to accept the accommodations. Patient B was already living in the respondent's apartment at the time.

21. Patient C moved into the apartment in late November 1993.

22. The respondent told Patient C that she could not be his psychiatrist if he moved into the apartment.

23. The respondent had a brief sexual relationship with Patient C.

24. The Principles of Medical Ethics with Annotations especially Apolicable to Psychiatry specifically prohibit psychiatrists from having sexual relations with present or former patients.

25. The respondent states that on or about December 28, 1993, after Patient C hit her, she called the Brookline Police.

26. The respondent obtained a restraining order from the Brookline District Court preventing Patient C from returning to the apartment.

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27. The same day, Patient C was transported to the Beth Israel Hospital by police. The next day, he was transferred to McLean Hospital where he remained as a patient until January 14, 1994.

COUNT V

28. Mr. D moved to Brookline with the respondent when she began her fellowship at MGH in July 1993. Mr. D was never a patient of the respondent.

29. The respondent wrote Mr. D a prescription for 100 Paxil, an antidepressant, in or about August 1993.

30. On or about October 1993, the respondent obtained a restraining order against Mr. D.

COUNT VI

31. The respondent became Patient E's treating psychiatrist in late September or early October 1993, after Patient E was discharged from the Human Resources Institute (HRI).

32. The respondent saw Patient E on one occasion at MGH, at HRI and at her home office.

33. The respondent recommended that Patient E increase her psychotherapy sessions for a period of time.

34. On two occasions the respondent used Patient E's car.

35. On one occasion, Patient E drove the respondent to a bank and a supermarket.

36. In or about May 1994, she used Patient E's car to take a trip to Cape Cod.

Augustine King MD
10/5/95

37. The respondent's interactions with Patient E as described in paragraph numbers 34, 35 and 36 constitute violations of the therapeutic boundaries a psychiatrist is expected to maintain with a patient.

COUNT VII

38. In or about December 1988 and in or about December 1989, the respondent took the Flex medical licensing exam and failed on both occasions. The respondent took the Flex exam for a third time in June of 1990 and passed.

39. When the respondent completed the application form for a Massachusetts medical license on May 11, 1993, she checked "No" to Question No. 5, which reads as follows:

Have you ever failed any of the following examinations: the FLEX examination, any state Board examination, failed Part III of the National Boards or failed to gain certification from the National Board of Medical Examiners?

EXECUTION OF THIS STIPULATION

The parties agree that the approval of this stipulation is left to the discretion of the Board. The signatures of Dr. King and Complaint Counsel are expressly conditioned on the Board Accepting this stipulation. As to any matter this stipulation leaves to the discretion of the Board, neither Dr. King nor anyone else acting on her behalf has received any promises or representations regarding same.

Richard Waring

Richard Waring
Board of Registration in Medicine - 6 -
10 West Street
Boston, MA 02111

10/5/95

William J. Dailey, Jr.
William J. Dailey, Jr.
SLOANE & WALSH
Three Center Plaza
Boston, MA 02108

Signature K King
10/5/95

Suzanne King, M.D.

RM-94-877

THE COMMONWEALTH OF MASSACHUSETTS

Suffolk, ss.

Division of Administrative
Law Appeals

Board of Registration
in Medicine,
Petitioner

Docket No RM-94-877

v.

Suzanne K. King, M.D.,
Respondent

Appearance for Petitioner

Richard Waring, Esq.
10 West Street
Boston, Ma. 02111

Appearance for Respondent

William Dailey, Esq.
Sloane & Walsh
Three Center Plaza
Boston, MA 02108

Administrative Magistrate

Robert E. Tierney, Esq.

RECOMMENDED DECISION

Pursuant to M.G.L. c. 112 sections 5 and 61, the Board of Registration in Medicine (hereinafter "Board") issued on August 10, 1994, a Statement Of Allegations against Dr. Suzanne King. Specifically the Board asserted that Dr. King engaged in conduct which calls into question her competence to practice medicine. Specifically the Board charged Dr. King with: 1. Inappropriate and erratic behavior and her mental status had impaired her ability to care for patients properly. 2. Failing to maintain appropriate boundaries during her treatment of patients, including engaging in sexual relations with her patients. 3. Improperly terminating her patients. 4. Violating the therapeutic

Suzanne King, M.D.

boundaries a psychiatrist is expected to maintain with a patient. 5. Prescribed controlled substances outside her regular practice. 6. Falsely answered questions when completing her application for a Massachusetts medical license.

The parties filed a Joint Stipulation of Facts on October 6, 1995. A copy is attached and incorporated by reference.

FINDINGS OF FACT:

The stipulated facts submitted by the parties are adopted as Findings of Fact No. 1 through 38.

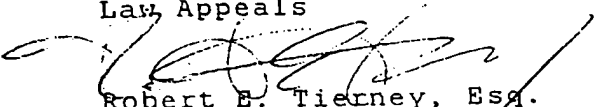
CONCLUSIONS OF LAW

The Respondent admits to the statutory and regulatory violations submitted by the parties and set forth in the Stipulation of Facts.

RECOMMENDED SANCTION

I recommend that the Board impose appropriate sanctions consistent with the Stipulation of Facts agreed to by the parties and the medical condition of Dr. King.

Division of Administrative
Law Appeals


Robert E. Tierney, Esq.
Administrative Magistrate

DATE: *November 3, 1995*



Commonwealth of Massachusetts Board of Registration in Medicine

10 West Street
Boston, Massachusetts 02111

(617) 727-3086
Fax: (617) 451-9568

An Agency within the Executive Office of Consumer Affairs and Business Regulation

ALEXANDER F. FLEMING, J.D.
EXECUTIVE DIRECTOR

PENELOPE WELLS, J.D.
GENERAL COUNSEL

RAFIK ATTIA, M.D.
CHAIRMAN

BRUCE A. SINGAL, J.D.
VICE-CHAIRMAN

NISHAN J. KECHEJIAN, M.D.
SECRETARY

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BOARD MEMBER

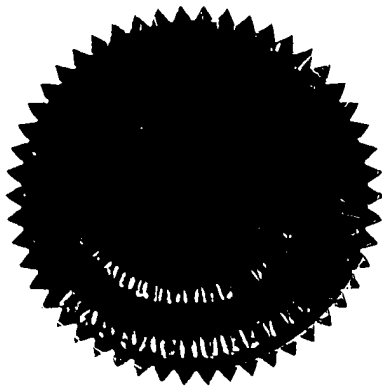
CERTIFICATE

**TO: Beverly Wright,
Enforcement Program Analyst
Medical Board of California
357 Van Ness Way, Suite 110
Torrance, CA. 90501**

I hereby certify that the attached documents listed below, pertaining to *Suzanne K. King, M.D.*, are true and accurate copies made this day from the originals within the official files of the Board of Registration in Medicine.


DOCUMENT	DATE	TOTAL PAGES(S)
ORDER OF SUSPENSION	8-10-94	1
STATEMENT OF ALLEGATIONS	8-10-94	4

Signed under the pains and penalties of perjury this 7th day of June, 1995.



BOARD SEAL

elb


Joanne M. Hill
Litigation Coordinator

COMMONWEALTH OF MASSACHUSETTS

Suffolk, ss.

Board of Registration
in Medicine

Adjudicatory Case No.
95-3-DALA

In the Matter of)
)
)

Suzanne K. King, M.D.)
)
)
_____)

STATEMENT OF ALLEGATIONS

Summary of the Case

The Board of Registration in Medicine has reason to believe that Suzanne K. King, M.D. has engaged in sexual relations with a former psychiatric patient of hers and has been required to leave a fellowship program for erratic and inappropriate behavior.

Facts of the Case

1. Suzanne K. King, M.D. is a psychiatrist who was a training fellow at Massachusetts General Hospital from July 1, 1993 to January 4, 1994, when she was placed on medical leave. Dr. King received her M.D. in 1988 from the Medical College of Pennsylvania. She was licensed to practice medicine in Massachusetts on June 23, 1993 and was issued certificate number 78038. She is also licensed to practice medicine in California. Her date of birth is August 5, 1952.

COUNT I

2. On or about July 1, 1993, Dr. King began a one-year fellowship in addiction psychiatry at Massachusetts General Hospital.
3. Within a short time, Dr. King's supervisors began to be concerned about her performance in the fellowship program. The concerns centered on the quality of care she was rendering as well as her personal behavior.
4. On or about January 14, 1994, MGH placed Dr. King on a leave of absence from her fellowship due to inappropriate and erratic behavior on her part, including inappropriate sharing of personal matters, repeated lateness, absences, work interruptions and a noticeable decline in personal hygiene. In addition, her mental status had impaired her ability to care for patients properly.
5. Dr. King never returned to her fellowship, which expired on June 30, 1994.

COUNT II

6. In or about July, 1993, Dr. King became the treating psychiatrist of Patient A at Massachusetts General Hospital. She continued to treat Patient A until she was placed on leave by MGH on or about January 4, 1994.
7. During her treatment of Patient A, Dr. King failed to maintain appropriate boundaries. She told him about other patients and their histories, she invited him to her home and she conducted personal phone calls during psychotherapy sessions.
8. After Dr. King left MGH, she and Patient A remained in contact with each other. She met with him on three occasions to discuss her leave from MGH. They took overnight trips together to Chatham, Martha's Vineyard and Nantucket.

9. Starting in or about March, 1994 and continuing to in or about June, 1994, Dr. King and Patient A engaged in sexual relations at various times at his residence and at hers.
10. On or about June 3, 1994, Dr. King telephoned Patient A and told him that she was pregnant with his child.
11. At various times in 1994, Dr. King called Patient A and left long messages on his answering machine about their relationship and the child she was carrying.

Legal Basis for Proposed Relief

Pursuant to 243 CMR 1.03(5)(a)3, the Board may discipline a physician for conduct which places into question his competence to practice medicine, including but not limited to gross misconduct in the practice of medicine, or practicing medicine fraudulently, or beyond its authorized scope, or with gross incompetence, or with gross negligence on a particular occasion or negligence on repeated occasions.

Pursuant to 243 CMR 1.03(5)(a)4, the Board may discipline a physician for practicing medicine while the ability to practice is impaired by alcohol, drugs, physical disability or mental instability.

Pursuant to 243 CMR 1.03(5)(a)17, the Board may discipline a physician for malpractice within the meaning of G.L. c. 112, sec. 61.

Pursuant to 243 CMR 1.03(5)(a)18, the Board may discipline a physician for misconduct in the practice of medicine.

Pursuant to Raymond v. Board of Registration in Medicine, 387 Mass. 708 (1982) and Levy v. Board of Registration in Medicine, 378 Mass. 519 (1979), the Board may discipline a physician for conduct which undermines public confidence in the integrity of the medical profession or for conduct which shows lack of good moral character.

The Board has jurisdiction over this matter pursuant to G.L. c. 112, secs. 5, 61 and 62.

This proceeding will be conducted in accordance with 801 CMR 1.01.

Nature of Relief Sought

The Board is authorized and empowered to order appropriate disciplinary measures which may include revocation or suspension of the Respondent's license. The Board may, in addition to or instead of, revocation or suspension, also order one or more of the following: reprimand, censure, fine, the performance of uncompensated public service, a course of education or training, or other limitation on the Respondent's practice of medicine.

ORDER

Wherefore, it is hereby Ordered that the Respondent show cause why he should not be disciplined for the conduct described herein.

By the Board of Registration
in Medicine



Paul G. Gitlin, J.D.
Chairman

Dated:

Aug. 10, 1994

COMMONWEALTH OF MASSACHUSETTS

Suffolk, ss.

Board of Registration
in Medicine

Adjudicatory Case
No. 95-3-DALA

In the Matter of

Suzanne K. King, M.D.

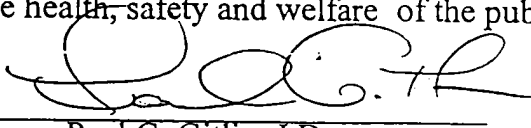
ORDER OF SUSPENSION

In accordance with the Rules of Procedure Governing Disciplinary Proceedings of the Board of Registration in Medicine, 243 CMR 1.03(11)(a), the Board of Registration in Medicine (the Board) ORDERS that:

The certificate of registration to practice medicine in the Commonwealth of Suzanne K. King, M.D. is SUSPENDED effective August 10, 1994, and she is directed to surrender her wallet card and wall certificate to the Board immediately. Said certificate of registration is numbered 78038. All health care facilities or institutions in which Dr. King holds privileges must be informed in writing by her of this order on or before August 12, 1994. The Board further orders that Dr. King is prohibited from engaging in counselling, therapy or treatment of patients during the period of suspension.

The Board has determined that, based upon the information contained in the attached Statement of Allegations, the health, safety and welfare of the public necessitates such suspension.

Dated: Aug. 10, 1994


Paul G. Gitlin, J.D.
Chairman